FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP                           |
|--|--|
| Section 16. Form 4 or Form 5           |  |
| obligations may continue. See          |  |
| Instruction 1(b).                      | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person*  Reed John A  (Last) (First) (Middle)  5445 TRIANGLE PARKWAY |   |  |  |                                 | Susuer Name and Ticker or Trading Symbol FLEETCOR TECHNOLOGIES INC. [FLT]      Date of Earliest Transaction (Month/Day/Year) 01/25/2017 |      |           |  |  |                    |                  |   |                 |   | below)  | cable)<br>or<br>(give title   | ,    | 10% Ov<br>Other (s<br>below)                                      | wner<br>specify                       |
|---|---|--|--|---------------------------------|---|------|-----------|--|--|--------------------|------------------|---|-----------------|---|---|---|------|---|---------------------------------------|
| (Street) NORCR  |   | A  | 30092  |                                 | 4. If   | Amer | ndment, I | Date o   | f Original F   | iled               | (Month/Da        | ay/Year)  |                 | Line  | Y Form f  | iled by One<br>iled by More   | Repo | orting Perso  | n                                     |
| (City)  | (S  | State)                                     | (Zip)  |                                 |   |      |           |  |  |                    |                  |   |                 |   |   |   |      |   |                                       |
| 1. Title of S   | Security (Ins   | tr. 3)                                     | Table II - C                                       | 2. Transac<br>Date<br>(Month/Da | ransaction e e inth/Day/Year)  ivative Secur  |      |           | A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year) |  | tion<br>istr.<br>V | 5) (A) or        |   | (A) or 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |   | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution D<br>if any<br>(Month/Day/ | ate, Tra                        | Transaction<br>Code (Instr.   |      |           |  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    |                  | 7. Title and Am<br>of Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |                 | ecurity   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y    | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |  | Code                            | de '  | v    | (A)       |  | Date<br>Exercisable  |                    | xpiration<br>ate | Title   | 0 0             | r<br>Iumber   |   |   |      |   |                                       |
| Stock   | \$150.74  | 01/25/2017                                 |  | А                               |   |      | 88,000    |  | 12/31/2018   | 0                  | 1/25/2027        | Comm  |                 | 88,000  | \$150.74  | 88,000  |      | D   |                                       |

## **Explanation of Responses:**

1. Options vest 0% in 2017 and then ratably (50%) on each of December 31, 2018 and 2019.

## Remarks:

/s/ Crystal Williams, under power of attorney

01/27/2017

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.